

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964787	(X3) DATE SURVEY COMPLETED 01/22/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Jensen Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Ne Indian River Drive Jensen Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

Two unannounced complaint surveys, CCR# 2013012715 and CCR# 2013013346, were conducted on 1/21/14 and 1/22/14 at Emeritus at Jensen Beach. The allegations for both complaints were found to be unsubstantiated. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 30, 2014

Administrator
Emeritus At Jensen Beach
1700 NE Indian River Drive
Jensen Beach, FL 34957

Re: CCR #2013012715 and #2013013346

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on January 22, 2014 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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